



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 810.00

Complete if Known

Application Number	10/526,530
Filing Date	March 2, 2005
First Named Inventor	Terry Wayne Lockridge
Examiner Name	Jonathan V. Lewis
Art Unit	2425
Attorney Docket No.	PU020414

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order

☐ None ☐ Other (please identify): _____

Customer Number 24498

☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING LLC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Small Entity	Fee (\$)	Fee (\$)
	50	25

Each independent claim over 3 (including Reissues)

200	100
-----	-----

Multiple dependent claims

360	180
-----	-----

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

_____ - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

RCE Fee

Fees Paid (\$)

810.00

SUBMITTED BY

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 480-5223
Signature					Date: 8/24/10

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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Fee (\$)

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Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

- 20 or HP = x =
HP = highest number of total claims paid for, if greater than 20.

Independent Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

- 3 or HP = x =
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

RCE Fee

Fees Paid (\$)

810.00

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Report to Data Base

PATENT OPERATIONS

MAILING TO U.S. Patent and Trademark Office

Docket No. P0020414Serial No. 10/506,530Filed: 3/2/2005

Patent No. _____

Atty: Vincent E. Duffy

Inventor(s): Terry W. Lockridge et al.
Title: Method And System For Providing A Cache Guide

APPLICATION AS FILED										
Enter Date	Enter Number	Check Type		Check Items Mailed with Application						
		Independent Claims	<input type="checkbox"/>	Original-US Nat'l	<input type="checkbox"/>	Declaration				
		Claims in Excess 20	<input type="checkbox"/>	Divisional	<input type="checkbox"/>	Statement under CFR § 1.56-013M				
		Claim Pages	<input type="checkbox"/>	Continuation	<input type="checkbox"/>	Assignment & Recordation Sheet				
		Specification Pgs	<input type="checkbox"/>	CPA/RCE	<input type="checkbox"/>	Preliminary Amendment				
		Sheets of Drawings	<input type="checkbox"/>	Reissue		Priority Document -				
		Abstract Pages	<input type="checkbox"/>	Re-Exam	<input type="checkbox"/>	IDS 1449 with References				
			<input type="checkbox"/>	US Provisional		Utility Application Transmittal				
	Charge	<input type="checkbox"/>			Fee Transmittal Sheet in duplicate				Express Mail Application Label No.:	
									Date Deposited: <u>8/24/2010</u>	
Mailed	Due	AMENDMENTS		Mailed	Due	APPEALS		Mailed	Due	FEES
		After Rejection				Notice of Appeals				Filing Fee Exp.
<u>8/24/2010</u>	<u>9/3/2010</u>	After Final Rejection				Appeal Brief				Issue Fee
		After Allowance U/R312				Reply Brief		<u>8/24/2010</u>	<u>9/3/2010</u>	<u>RCE Fee</u>
		Supplemental				Pet. To Withdraw.				Ext Time § 1.136(a)
		Voluntary				REQUESTS				Add. Payment of Fee
		Letter to Exam/Draftsperson w/ Drawing Correction(s)				Ext. Time § 1.136(b)		<u>8/24/2010</u>		Fee Trans. Form in dupl.
		Pg(s) of Formal Dwg(s)				Cert. of Correction			Charge	TOTAL FEE AMT. <u>\$ 810.00</u>
		OTHER				OTHER				OTHER
		Lic. To For. File				Statement NASA				Appointment Atty/Agent
		Reg. Priority 35USC119				Terminal Disclaimer				Assignment & Record form
		Statement DOE				Claim Disclaimer				Letter to PO
		Statement under § 1.56				Status Letter				Notif. of Foreign Ref.
		IDS w/ ___ references				Declaration				Correction Of Record
		Certificate of Mailing				Suppl. Declaration				
						Missing Parts Letter				

